

# GSS Quality Review Policy

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## 1. Policy Statement

This procedure describes the planning, conduct and reporting of Internal Quality Audits and Reviews along with the monitoring of any actions required as an outcome.

GSS is committed to a policy of continuous quality assurance leading to quality improvement. This means robust, accurate and ongoing self-assessment and reviews which leads to real improvement in the quality of provision and learner experience and success. The self-assessment process is a process which involves the whole of GSS staff, volunteers, Consultants and Management. Self-assessment is validated through Self-Assessment Reports and Action Plan review meetings and other review meetings held by key groups within GSS involved in the evaluation and or learner experience and or auditing and evaluation of quality.

Quality Audits and Reviews at GSS are conducted at planned intervals to determine whether the policies, procedures and processes which form the foundation of our Quality Framework are effectively implemented and maintained. Quality Audits and Reviews also provide the opportunities for our own self-reflection and identification of any potential opportunities for improvement.

GSS recognise that quality audit systems offered by the accrediting bodies and outside organisations associated with GSS, are also built on an ethos of support and trust and this must be taken into consideration when looking at quality and the improvement of.

## 2. Quality Team

GSS Quality Management Team is headed up by Emma Glasscock who also takes responsibility as the Quality and Diversity Lead. Emma Glasscock works in conjunction with GSS Directors Sonia Benjamin-Leach and Richard Wood who form part of the Quality Team. The qualityTeam meet regularly and at a minimum 4 times in a 12 month period to discuss and review quality processes and procedures in conjunction with Training and Learner activity alongside the quality issues.

Any amendments, changes, or additional information that is derived from the Quality Team must be disseminated for all staff using appropriate media to ensure everyone involved is clear on new policies and procedures, working practices and or effective changes that may involve learners and staff alike.

## 3. Quality Team Aims

GSS and the Quality Team aim to have robust and accurate self-assessment review and auditing which leads to real improvement. In order to ensure we are able to achieve this. GSS will:

- Create staff confidence in GSS self-assessment review and auditing processes
- Expect all staff, Management, volunteers and learners to contribute to self-assessment and to quality improvement.

- Work alongside our External accrediting bodies and in particular utilize the OCN London Quality Engagement reports as part of our own quality assurance process.
- Operate within a quality framework that mirrors and reflects GSS Policies and Procedures and quality Policy
- Regularly conduct and review audits and reviews with a view to make positive amendments including those for learners including: course design, content and delivery and to monitor these effective changes for future development.
- Document all audits and reviews and keep such documentation for external verification if and when required.
- Provide all relevant staff and learners with information relating to any OCNLR Quality Intervention process that may involve them.
- Document all plans for improvement, changes and amendments to courses or material to ensure that transparent audit trails are kept visible and fairly implemented.

GSS Aims to be outstanding in all areas of business. To achieve this specifically within the delivery of courses and the Learner areas we will:

- Provide opportunities for all staff to develop outstanding practice. Analyse the capabilities of our staff through Observation and Feedback, learner and peer feedback and regular review/appraisal meetings.
- Provide the opportunity for Continual Professional Development to ensure they have the skills necessary to deliver outstanding and up to date practice. (*Please see GSS Staffing Policies*)
- Provide opportunities for staff discussion through structured reviews, focus groups and regular Team Meetings
- Share good practice in all areas of GSS's business through a variety of mechanisms as detailed above.
- Challenge satisfactory and less than satisfactory performance through the Auditing process, Self-Assessment Reports and Action Plan review meetings.
- Recognise and celebrate outstanding performance of staff.
- Give opportunities for Staff, volunteers, Management and Learners to be involved in discussions on quality processes.

#### 4. GSS Audit/Review Plan

GSS audit/review plans is implemented from the start of the year and outlines the schedules for planned audits and or review. The Audit Plan is subject to change from time to time as circumstances require.

Prior to the audit taking place, methodology for conducting audits are considered and decided at this time. For instance, a particular focus may be used (ie focus on a particular element of compliance requirement) or a new methodology may be implemented based on previous events or recommendations.

## 5. Quality Audit Reports

GSS will implement the following protocols for auditing which in the first instance will be conducted by Sonia Benjamin-Leach or a member of the Quality Team

	STEPS	WHO IS RESPONSIBLE?	COMMENTS
1.	Complete internal quality audit report within five (5) working days.	Quality Team (SBL)	This includes identification of Improvement Opportunities and Non Conformances.
2.	Send internal quality audit report to Auditee asking them to read the document and advise of any inaccuracies	Quality Team (SBL) or Auditee	The auditee is to return the audit results with any changes to Quality Services and update on information within 5 working days of receipt.
3.	Finalise internal quality audit report including any changes/comments from auditee.	Quality Team	
5.	Complete Summary Form and forward together with the completed audit report noting non-conformances and improvement opportunities to the Auditee with a copy to the relevant Manager and or Quality Team.	Quality Team/ Auditee	Electronic copies of audit reports to be maintained by Quality Team For Internal Audits - only non-conformances are to be addressed, although commendations should be given where exceptional work has been conducted and recognition for performance should be praised
6.	Auditor to make notes from summary reports to be reviewed at the next Quality Team meeting	Auditor / Quality Team	Next meeting should include discussion points for potential implementation, or positive changes as a result of audit results
7.	Monitor Non conformances and proposed action / response.	Quality Services	Progress of Corrective Actions Requested will be monitored and reported to the Quality Team
8.	All audit results will be reported to the Quality Team	Quality Team	The Audit Results Report will include:  <ul style="list-style-type: none"> <li>- Trends</li> <li>- Status of Corrective Action</li> <li>- Recommendations</li> <li>- Ccommendations / best practices</li> </ul>

## 6. GSS working with outside bodies for Quality improvement

GSS also has a commitment to working positively and openly with any appointed OCNLR quality Reviewer. GSS will provide the OCNLR with access to all relevant information, contacts and facilitate access to learners as required and in conjunction with GSS Confidentiality and Data Security processes.

GSS will conduct learner and Trainer evaluations of all courses and act on information suggesting how improvements can be made.

On receiving a quality related report from OCNLR, GSS Quality Team and or Emma Glasscock will meet with eh internal verifier and course tutors to discuss the report. Within one month of receiving the report the Chief officer will provide written response with action points that show how issues will be addressed

## 7. Monitoring and Reviewing this Policy

This policy will be reviewed in response to changes in legislation, changes in working with our external verifiers, awarding bodies and or statutory organisations.

Outside of the above point this policy will be reviewed annually and objectively and any changes, made will be disseminated to all staff equally.

Signed



(Director)

September 2016